

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

H

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

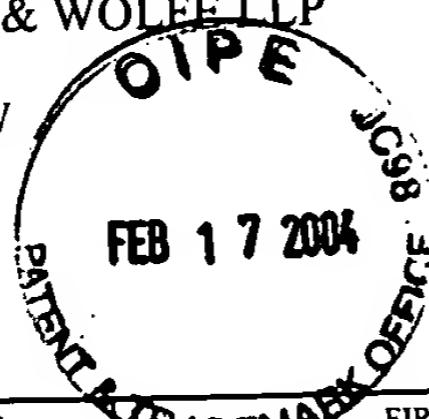
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

24510

7590

11/17/2003

PIPER MARBURY RUDNICK & WOLEFF LLP
 STEVEN B KELBER
 1200 NINETEENTH STREET, NW
 WASHINGTON, DC 20036-2412



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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/138,091	08/21/1998	CAMELLIA W. ADAMS	9491-013-27	3668

TITLE OF INVENTION: AGONIST ANTIBODIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/17/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
SPECTOR, LORRAINE	1647		435-069100		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Genentech, Inc.

South San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies _____

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1442 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Perry E. Van Over Reg. No. 42,197 for
 Steven B. Kelber Reg. No. 30,073 2/17/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02/20/2004 MBERHE1 00000144 09138091

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TRANSMIT THIS FORM WITH FEE(S)

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



PIPER RUDNICK LLP
1200 NINETEENTH STREET, NW
WASHINGTON, DC 20036-2412
TELEPHONE: 202-861-3900
FACSIMILE: 202-223-2085

DOCKET NO.: 9491-013-27

ASSISTANT COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

Re: Serial No.: 09/138,091
Applicant(s): CAMELLIA W. ADAMS, ET AL.
Filing Date: AUGUST 21, 1998
For: AGONIST ANTIBODIES
Group Art Unit: 1647
Examiner: LORRAINE SPECTOR

SIR:

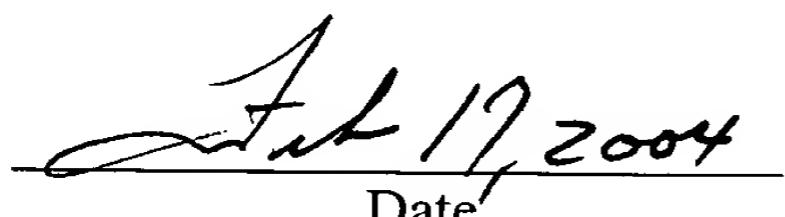
Attached hereto for filing are the following papers:

FEE TRANSMITTAL
ISSUE FEE TRANSMITTAL

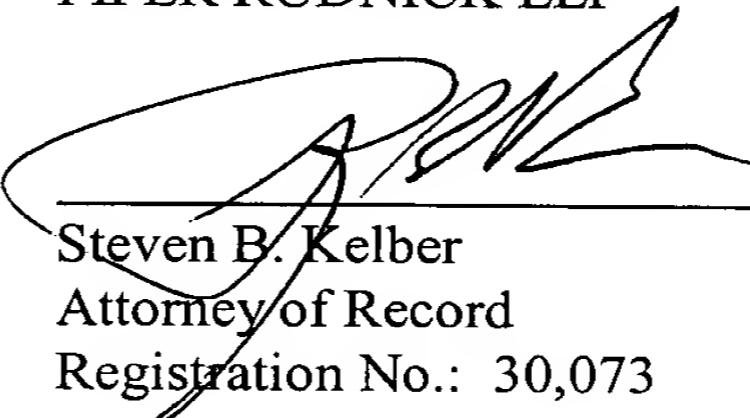
Our check in the amount of \$1,330.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

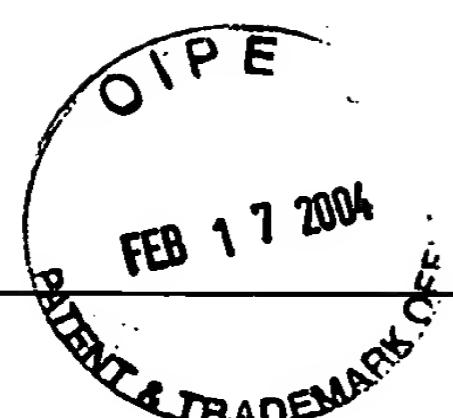
Respectfully submitted,

PIPER RUDNICK LLP


Date

Steven B. Kelber
Attorney of Record
Registration No.: 30,073

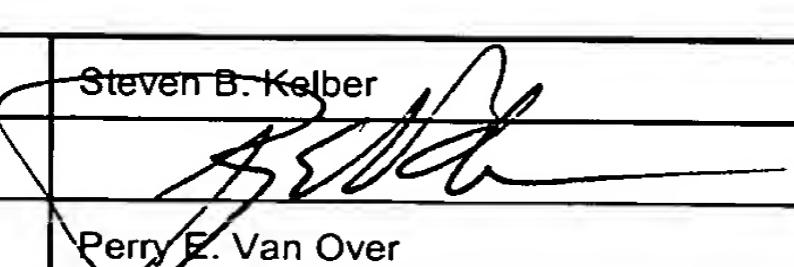

Perry E. Van Over
Registration No.: 42,197



FEE TRANSMITTAL

		Docket No.	9491-013-27
		Serial No.	09/138,091
		Filing Date	AUGUST 21, 1998
		Inventor(s)	CAMELLIA W. ADAMS, ET AL.
		Group Art Unit	1647
TOTAL AMOUNT OF PAYMENT		\$1,330.00	Examiner
		LORRAINE SPECTOR	

1. <input type="checkbox"/> Applicant claims small entity status. <input checked="" type="checkbox"/> Charge any <u>UNDERPAYMENT</u> or credit any <u>OVERPAYMENT</u> in the indicated fees to Deposit Account No. 50-1442. <input type="checkbox"/> Charge the indicated fees to Deposit Account No. 50-1442.								FEE CALCULATION (continued)							
								3. ADDITIONAL FEES							
								Large Entity	Small Entity	Fee Description					
2.	<input checked="" type="checkbox"/> Check enclosed.				Fee Code	Fee (\$)	Fee Code	Fee (\$)							
FEE CALCULATION								1051	130	2051	65	Surcharge-late filing fee or oath			
1. BASIC FILING FEE								1052	50	2052	25	Surcharge-late provisional filing fee or cover sheet			
Large Entity		Small Entity		Fee Description			1053	130	1053	130	Non-English Specification				
Fee Code	Fee (\$)	Fee Code	Fee (\$)				Fee Paid								
1001	770	2001	385	Utility filing fee			1251	110	2251	55	1-mo. ext. of time				
1002	340	2002	170	Design filing fee			1252	420	2252	210	2-mo. ext. of time				
1003	520	2003	260	Plant filing fee			1253	950	2253	475	3-mo. ext. of time				
1004	770	2004	385	Reissue filing fee			1254	1480	2254	740	4-mo. ext. of time				
1005	160	2005	80	Provisional filing fee			1255	2010	2255	1005	5-mo. ext. of time				
SUBTOTAL (1)					\$0.00	1402	330	2402	165	Appeal Brief					
2. EXTRA CLAIM FEES								1403	290	2403	145	Request for Oral Hearing			
tot. claims		-	20*	=	0	x	\$18	=	0	1501	1330	2501	665	Utility/Reissue Issue Fee	
ind. claims		-	3*	=	0	x	\$86	=	0	1502	480	2502	240	Design Issue Fee	
<input type="checkbox"/>	Multiple Dependent Claims					\$290	=	1504	300	1504	300	Publication Fee			
Large Entity		Small Entity		Fee Description			8001	3	8001	3	Advance Copy of Patent				
Fee Code	Fee (\$)	Fee Code	Fee (\$)				Fee Paid								
1202	18	2202	9	Claims in excess of 20			1460	130	1460	130	Petitions to the Commissioner				
1201	86	2201	43	Independent claims in excess of 3			1806	180	1806	180	IDS Submission				
1203	290	2203	145	Multiple dependent claim, if not paid			8021	40	8021	40	Assignment recordation				
1204	84	2204	43	*Reissue independent claims over original patent			1801	770	2801	385	For Filing RCE				
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent			1814	110	2814	55	Terminal Disclaimer				
SUBTOTAL (2)								\$0.00							
* or number previously paid, if greater; For Reissues, see above												SUBTOTAL (3)			
												\$1,330.00			

Name	Steven B. Kelber	Registration No.	30,073
Signature		Date	February 17, 2004
Name	Perry E. Van Over	Registration No.	42,197